

change name, mailing address, contact + 506
address, owner
Add waste codes

Folder GEN AdmRec? N



S00002637

WTF140C

yes

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1V1A1D1015161911151219111 Date: 10-21-93

FACILITY NAME Chase Bag Co.

New Facility Name

Name Change Chase Packaging Inc.

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street PO Box 757

City/Town Newport News State VA Zip 23607

Installation Contact

Last Name Ayers First Bill

Job Title Operations Mgr. Phone # (804) 247-6676

Street Same

City/Town _____ State _____ Zip _____

New Ownership

Name of Legal Owner Champion Holding Co

Street 88 South Water St.

City/Town Greenwich State CT Zip 06830

Phone # (203) 531-6242 Land Type _____ Owner Type _____

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

D001 _____
D006 _____
D008 _____

Updated in RCRIS by Ann Date 11-1-93

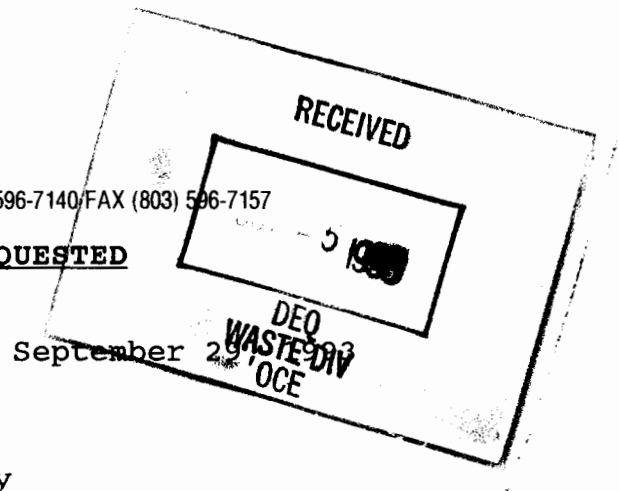
Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air _____	Rail _____	Highway _____	Water _____ Other _____
Burner/Blender	B Boiler and/or Industrial Furnace (BIF) only. D BIF only; Smelter Deferral. E BIF only; Small Quantity Exemption claimed. N Not a Burner/Blender, Verified. X Other Burner/Blender Activity. Blank Unverified.		
HWF Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities. Blank No activity.		
HWF Other Market	X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.		
HWF Burner	B Boiler and/or Industrial Furnace. X Indication of activity.		
OSO Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.		
OSO Other Market	X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).		
OSO Burner	B Boiler and/or Industrial Furnace. X Indication of Activity.		
SO ACT: _____	Code indicating that the handler is engaged in marketing of specification fuel oil activities. B Boiler and/or Industrial Furnace. X Indication of Activity.		
Burner Types	Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____		
Underground Injection Control	X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.		
Recycler: _____	C Commercial R Non-Commercial Recycler N Not a Recycler, Verified Blank Not a recycler, unverified.		



BAG DIVISION
TECHNICAL CENTER

P.O. BOX 5497 SPARTANBURG, SC 29304 (803) 596-7140/FAX (803) 596-7157

CERTIFIED MAIL - RETURN RECEIPT REQUESTED



Ms. Claire Slaughter
Department of Environmental Quality
Waste Division
101 North 14th Street
Richmond, VA 23219

RE: Hazardous Waste Generator #VAD056915291

Dear Ms. Slaughter:

This letter is to inform the department that the Union Camp Specialty Products Plant located at 1300 Marshall Avenue, Newport News, VA 23607, has been purchased by Champion Industries. The transfer of ownership took place as of August 1, 1993. This Notice is in reference to the above registered number now held by Union Camp Corporation.

If the department has further questions, please contact me at 803-596-7161.

Sincerely,

R. J. Alderman
Environmental Energy
and Engineering

RJA0067:jm

cc: J. L. Woltman - UCC, Franklin, VA
W. G. Stewart - UCC, Wayne, NJ

Spoke to Mr. Ayers on 10-14-93
for the changes.

RECEIVED
GENERAL STATE SECTION
OCT 13 1993
EPA, R3



United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

For Official Use Only

Comments

[illegible]

Installation's EPA ID Number								Approved		Date Received (yr. mo. day)				
C	V	A	D	O	S	G	I	T/A	C					700
F									1					Newport News

I. Name of Installation

[illegible]

II. Installation Mailing Address

Street or P.O. Box

[illegible]

City or Town

State

ZIP Code

[illegible]

III. Location of Installation

Street or Route Number

[illegible]

City or Town

State

ZIP Code

[illegible]

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

[illegible]

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

[illegible]**VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

A. Hazardous Waste Activity

- ☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Fuel Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

[illegible]

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify, under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>William R. Ayers</i>	Name and Official Title (type or print) WILLIAM R. AYERS ASS'T PLANT SUPT	Date Signed 7/8/86
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**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
VAD056515291

INSTALLATION ADDRESS

CHASE PACKAGING INC
PO BOX 757
NEWPORT NEWS, VA 23607
BILL AYERS OPERATIONS MGR

1300 MARSHALL AVE
NEWPORT NEWS, VA 23607